		(Column 1)			09/074,472
200	BASIC FEE	NUMBER FILED	(Column 2)	SMALL ENTITY	
PCE) 3/07	(37 OFR 1.16(a))	IS WOCK FICED	NUMBER EXTRA		OR OTHER THAT
12/07	(37 CFR 1.16(C))	20		RATE FEE	
1210.	(NOEPENOCH-	30 minus 20 =		1 0 3	RATE FE
بمسئ	277.16(6))	5 minus 3 =		1 x s 2 2 = 1	OR S_
	MULTIPLE DEPENDENT CLA	MAPOCOG		x s 100=	OR x 50
	· If the difference is and	(37 CFR	1.16(d))	+5180	OR x s 200
- 1	If the difference in column	l is less than zero, enter -0-	in column 2	J [15.100]	OR +360
- 1	CLAIMS	AS AMENDED - PAI		TOTAL	
· L			RTH		OR TOTAL
- 1	∢ (Cotu	mn 1) (Co	iluma 21. (Column 3)		
- 1		LINING HIG	HEST	SMALL ENTITY	OR OTHER THAN
	AMENO	DMENT PREVI	OUSLY FYTOS	RATE ADDI.	SMALL ENTIN
- 1	(3) CFR 1.16(c)) Independent	Minus	FOR	TIONAL .	RATE AD
1.3	(3) CFR (.16(b))	Minus		x s 25 = FEE	TIONL
	FIRST PRESENTATION OF	4.1.	= .		OR x 5 50 =
_ [Of Or h	MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))		OR x 5 200
- 1	•			+ s 80=	DR +310)
1	(Column			ADD'L FEE	TOTAL
17 B		NC HIGHE	ST		ADO'L FEE
AMENDMENT	AFTER AMENOME	NUMBE PREVIOU	ER PRESENT	RATE ADD	
15	Cotal Teldi	Minus PAID FC	DR	TIONAL	RATE ADDI
MEI	fordependent (37 CFR 1.16(6))	· Minus ···	2	× s 25 = FEE	TIONAL FEE
A	FIRST PRESENTATION OF THE		=	x s 100 = OR	
. -	FIRST PRESENTATION OF MUL	TIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	+s180= OR	x s 200_
				TOTAL OR	+360
o	(Column 1)	(Column :		ADO'L FEE OR	TOTAL
	CLAIMS REMAINING	HIGHEST	(2000)		AOD L FEE
NOMENT	AFTER	T PREVIOUS	Y EXTON	RATE AOOI.	
9	(II OFR LIGGI	Minus PAID FOR		TIONAL	RATE ADDI-
AME	indépendent 17 CFR 1.16(6))	Minus		· 25 = FEE	TIONAL
₹,	RST PRESENTATION OF			s 100	x 2 20 =
DEPENDENT CLAMP CO.					x s 2000
3,00=					. 360
* If the Tit is a sumber Previously Party in column 2, write in the					
thighest Number Best in 1990 to CIN THIS SPACE . 1933 ran 20, enter 30.					
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THE PROPERTY.					
ADDRESS, SEND TO: Commerce P.O. Box Logistions for reducing this bycome will vary depending upon the middles to file (and by the					
ON 1450, Alexander W. Alexander W. Alexander of the Information Office					
(1) you need assistance in completing the form, call 1.800.P [O.9199] and salar and					
			~ . 1.400.P [U.9199 and rates	

If you need assistance in completing the form, call 1.800.P FO.9199 and select option 2